



**Rutgers Center for  
State Health Policy**

**NATIONAL ACADEMY  
for STATE HEALTH POLICY**

July 2005

## Fact Sheet

### Community Living Exchange

Funded by Centers for Medicare & Medicaid Services (CMS)

### Fast Track, Presumptive and Expedited Eligibility

Robert Mollica



This document was prepared by Robert Mollica of the National Academy for State Health Policy

Prepared for:



**Rutgers Center for  
State Health Policy**

Susan C. Reinhard & Marlene A. Walsh



Robert Mollica

The Community Living Exchange at Rutgers/NASHP provides technical assistance to the Real Choice Systems Change grantees funded by the Centers for Medicare & Medicaid Services.

We collaborate with multiple technical assistance partners, including ILRU, Muskie School of Public Service, National Disability Institute, Auerbach Consulting Inc., and many others around the nation.

This document was developed under Grant No. P-91512/2 from the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. However, these contents do not necessarily represent the policy of the U.S. Department of Health and Human Services, and you should not assume endorsement by the Federal government. Please include this disclaimer whenever copying or using all or any of this document in dissemination activities.

## **Fast Track, Presumptive and Expedited Eligibility**

Robert Mollica, National Academy for State Health Policy

July 2005

### **Facts about.....**

#### **Fast track, presumptive and expedited eligibility – do they mean the same thing?**

- Fast track and presumptive eligibility are two ways to expedite a person's financial application for Medicaid.
- Fast track means helping the applicant complete the application, assemble needed documentation and submit the application to the appropriate eligibility staff. Assistance may be provided by a case manager from a single entry point agency or clerical staff from the financial eligibility agency.
- Presumptive eligibility means the applicant is considered to be eligible based on the information presented. Home and community based services are initiated before the final decision is made.

#### **Federal law does not provide for presumptive eligibility? How can states implement it?**

- Federal law does not allow reimbursement to states for Medicaid services provided to HCBS applicants who are later determined not eligible for Medicaid. Medicaid does reimburse states for eligibility errors for pregnant women.
- Despite the absence of reimbursement for HCBS applicants, several states have set guidelines for who may be "presumed" eligible in a way that minimizes mistakes. Several states have concluded that the risk of error is small in relation to the ability to initiate services right away and avoid admission to a nursing home.

#### **Who pays when mistakes are made?**

- Applicants may be asked to sign a form agreeing to reimburse the state for services provided if they are later found ineligible.
- States may simply pay for services from the Medicaid appropriation without seeking federal reimbursement.
- Several states use state general revenue only programs or Older Americans Act funds to pay for services if the applicant is found ineligible for Medicaid.
- Some Area Agencies on Aging reported using funds raised from other sources to cover services when the applicant is ineligible.

#### **Which states expedite the financial eligibility decision?**

- State agencies in Nebraska, Pennsylvania and Washington allow presumptive eligibility. State aging offices or Area Agencies on Aging in Michigan and Ohio presume eligibility.
- Colorado and Georgia operate fast track programs to reduce the time needed to make a formal decision on financial eligibility.